

REQUIREMENTS

1. Fee: \$28.00 per vehicle
2. Copy of criminal background check (we keep original) by OSBI or the county that you applicant lives in no more than 30 days old
3. Copy of Department of Motor Vehicles report
4. Proof of insurance (all driver names must be documented on insurance)
5. See City Ordinance for further requirements

BUSINESS INFORMATION

| | | |
|----------------|--------|-----------|
| Business name: | | Phone: |
| Address: | | |
| City: | State: | Zip Code: |
| Owner name: | | Phone: |
| Address: | | |
| City: | State: | Zip Code: |

APPLICANT INFORMATION

| | | |
|-----------------|----------|-----------|
| Applicant name: | | Phone: |
| Address: | | |
| City: | State: | Zip Code: |
| Date of birth: | Sex: M F | SSN: |

SERVICES

| |
|--|
| Trade name/colors: |
| Manner of service to be conducted: |
| Manner of calculation or rate of fare: |

VEHICLES

All vehicles used must be listed. If more than 3 vehicles will be used, please use additional paper.

| | | | |
|-------|--------|--------|-------|
| Make: | Model: | Color: | Year: |
| Tag: | | VIN: | |
| Make: | Model: | Color: | Year: |
| Tag: | | VIN: | |
| Make: | Model: | Color: | Year: |
| Tag: | | VIN: | |

EMPLOYEES

List all employees who will be driving. Please use additional paper if need.

| | | |
|---------------|---------------------------------|------|
| Name & Phone: | Address, City, State, Zip Code: | DL#: |
| | | |
| | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date: _____